

## **STATE OF CONNECTICUT**

**General Assembly** 

Committee on Legislative Staff Internships Legislative Office Building, Room 5150 Hartford, CT 06106

Date	
Time	
For Committee Use Only	
For Committee Use Only	

## **Candidate Application** (please print)

Street Address City Telephone Number	( )	 State	are not living at home)Apt # ZipCode	
City	( )	State	ZipCode	
Telephone Number	( )			
Your Address and To	elephone # at Ho			
Tour Madrood aria 1	p	me:		
Street Address			Apt #	
City		State	Zip Code	
Telephone Number	( )	<del></del>		
E-mail Address				
College Attending Ti	nis Semester			
Degree Sought		What is your Major?		
			Senior	
Graduate	Other			
Grade Point Averag	e or Grade:			
Overall		For Major Field		
	r: Full-Time Internship (5 days/week Part-Time Internship (Tues. and T Other (Please specify)		hurs.)	
Number of academic	credits you will	receive for Inter	rnship:	
	_		_	
What academic cour	ses have you tal	cen that have pr	epared you for a Legislati	
<b>Internship Program?</b>				

What additional activities or experiences have you had that you believe will qualify you to be an Intern? (use additional sheet if necessary)				
In a brief essay, please explain your reason Internship Program. (use additional sheet if neces				
Are you a citizen of the U.S.? If not, what type of	of visa? For what country?			
Have you ever been convicted of a crime? If y	res, please explain (use additional sheet if nec.)			
Applicant's Signature:	Date:			
(This application must be submitted to the programment of administrator on your campus who will be reawarding of academic credits.)	(This section must be completed by the faculty			
I would evaluate the applicant's potential as an intern to OutstandingVery Good				
I would rate this applicant of the (number) (number)	applicants I am recommending for this program.			
Comments: (use additional sheets if necessary)				
Campus Advisor's Signature	Date			